

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/617,678

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	5	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	5 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY **OTHER THAN**
TYPE **SMALL ENTITY**

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL	375	OR TOTAL	<input type="checkbox"/>

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	2	Minus 20 = 0
	Independent	*	1	Minus 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY **OTHER THAN**
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDT. FEE	0	OR TOTAL ADDT. FEE	<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	2	Minus 20 = 0
	Independent	*	1	Minus 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDT. FEE	0	OR TOTAL ADDT. FEE	<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	0	=
	Independent	*	0	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	OR X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	OR +280=	<input type="checkbox"/>
TOTAL ADDT. FEE	0	OR TOTAL ADDT. FEE	<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.